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PTO/SB/50 (2/98)  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	00-422RE
	First Named Inventor	LIEBERMANN
	Original Patent Number	5,982,853
	Original Patent Issue Date (Month/Day/Year)	11/09/99
	Express Mail Label No.	EL398545135US

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent  
(check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input checked="" type="checkbox"/> Transfer drawings from Patent File
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) (16)	9. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS/PTO-1449) <input checked="" type="checkbox"/> Copies of IDS Citations (12)
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired
6. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney	12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Other: .....

\* NOTE FOR ITEMS 1 & 11: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.177), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS REVISED UPON 37 C.F.R. § 1.211.

### 15. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☒ Correspondence address below.  
(Insert Customer No. or Attach bar code label here)

Name	Barry L. Kelmachter BACHMAN & LaPOINTE, P.C.				
Address	900 Chapel Street Suite 1201				
City	New Haven	State	CT	Zip Code	06510-2802
Country	USA	Telephone	(203) 777-6628	Fax	(203) 865-0297

NAME (Print/Type)	Barry L. Kelmachter	Registration No. (Attorney/Agent)	29,999
Signature	<i>Barry L. Kelmachter</i>	Date	June 23, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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on June 23, 2000  
(Date of Deposit)  
Nicole Porto  
Name and Reg. No. of Attorney  
*Nicole Porto*  
Signature  
June 23, 2000  
Date of Signature

# FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.  
These are the fees effective October 1, 1997.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 609.00

## Complete if Known

Application Number \_\_\_\_\_  
Filing Date \_\_\_\_\_  
First Named Inventor **LIEBERMANN**  
Examiner Name \_\_\_\_\_  
Group / Art Unit \_\_\_\_\_  
Attorney Docket No. **00-422RE**

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **02-0184**  
Deposit Account Name \_\_\_\_\_

☒ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 C.F.R. § 1.16 at the Mailing of the Notice of Allowance

2. ☐ Payment Enclosed:  
☐ Check ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 790	201 395	Utility filing fee	
108 330	208 165	Design filing fee	
107 540	207 270	Plant filing fee	345
108 790	208 395	Reissue filing fee	
114 150	214 75	Provisional filing fee	
SUBTOTAL (1) (\$)			345.00

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
45	25	9	225
Independent Claims	4	1	39
Multiple Dependent			

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 22	203 11	Claims in excess of 20	
102 82	202 41	Independent claims in excess of 3	
104 270	204 135	Multiple dependent claim, if not paid	
109 82	209 41	** Reissue independent claims over original patent	
110 22	210 11	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			264.00

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 950	217 475	Extension for reply within third month	
118 1,510	218 755	Extension for reply within fourth month	
128 2,060	228 1,030	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,320	241 660	Petition to revive - unintentional	
142 1,320	242 660	Utility issue fee (or reissue)	
143 450	243 225	Design issue fee	
144 670	244 335	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 790	246 395	Filing a submission after final rejection (37 CFR 1.129(a))	
149 790	249 395	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			
SUBTOTAL (3) (\$)			--

\* Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Typed or Printed Name **Barry L. Kelmacher**

Signature **Barry L. Kelmacher**

Date **6/23/00**

## Complete (if applicable)

Reg. Number **29,999**

Deposit Account User ID \_\_\_\_\_

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on **June 23, 2000**  
(Date of Deposit)

**Nicole Porto**

Name and Reg. No. Attorney

Signature **Nicole Porto**

Date of Signature **June 23, 2000**

EXPRESS MAIL NO.:  
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<b>REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT</b>		<b>Docket Number (Optional)</b> 00-422RE
<p>This is part of the application for a reissue patent based on the original patent identified below.</p>		
Name of Patentee(s) RAANAN LIEBERMANN		
Patent Number 5,982,853	Date Patent Issued November 9, 1999	
Title of Invention TELEPHONE FOR THE DEAF AND METHOD OF USING SAME		
<p>I am the inventor of the original patent.</p> <p>I offer to surrender the original patent.</p> <p>1. <input type="checkbox"/> Filed herein is a certificate under 37 CFR 3.73(b).</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.</p> <p>One of boxes 1 or 2 above must be checked.</p> <p>The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.</p>		
Signature ✓ <i>R. Liebermann</i>	Date ✓ 6-23-00	
Typed or printed name Raanan Liebermann		
The assignee owning an undivided interest in said original patent is _____, and the assignee consents to the accompanying application for reissue.		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.		
Name of assignee		
Signature of person signing for assignee	Date	
Typed or printed name and title of person signing for assignee		

00-422RE

Applicant or Patentee: RAANAN LIEBERMANN

/

For: TELEPHONE FOR THE DEAF AND METHOD OF USING SAME

☐ patent no. \_\_\_\_\_, issued

☐ NONPROFIT ORGANIZATION

(Small Entity-Independent Inventor [7-1]—page 1 of 2)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of inventor

R. K.

Date \_\_\_\_\_

6-23-00

Name of inventor

Date \_\_\_\_\_

Name of inventor

Date \_\_\_\_\_

Name of inventor

Date \_\_\_\_\_

Name of inventor

Date \_\_\_\_\_

Name of inventor

Date \_\_\_\_\_

**Signature of Inventor**